

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	BM		07-10-01
<b>O.I.P.E. CLASSIFIER</b>	AM	32	7/18
<b>FORMALITY REVIEW</b>	BM	EX	08-21-01
<b>RESPONSE FORMALITY REVIEW</b>	AM	907	10-12-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10-02-01
2	✓	✓	10-02-01
3	✓	✓	10-02-01
4	✓	✓	10-02-01
5	✓	✓	10-02-01
6	✓	✓	10-02-01
7	✓	✓	10-02-01
8	✓	✓	10-02-01
9	✓	✓	10-02-01
10	✓	✓	10-02-01
11	✓	✓	10-02-01
12	✓	✓	10-02-01
13	✓	✓	10-02-01
14	✓	✓	10-02-01
15	✓	✓	10-02-01
16	✓	✓	10-02-01
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25	✓	✓	10-02-01
26	✓	✓	10-02-01
27	✓	✓	10-02-01
28	✓	✓	10-02-01
29	✓	✓	10-02-01
30	✓	✓	10-02-01
31	✓	✓	10-02-01
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46	✓	✓	10-02-01
47	✓	✓	10-02-01
48	✓	✓	10-02-01
49	✓	✓	10-02-01
50	✓	✓	10-02-01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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RGG-DC583  
08/22/01  
VTC65  
10/15/01

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